BOOK REVIEWS

LEARNER ENGLISH: A TEACHER'S GUIDE TO INTERFERENCE AND OTHER PROBLEMS. Michael Swan and Bernard Smith (Eds.). Cambridge: Cambridge University Press, 1987. 265 pp. ¥2,340.

In *Learner English* Swan and Smith have compiled descriptions of 19 different language groups – from familiar European languages, such as French, German, and Spanish, to some of the more exotic tongues of Africa, India, and the Far East. The stated purpose of this reference guide is to "help teachers to anticipate the characteristic difficulties of learners who speak particular mother tongues, and to understand how these difficulties arise" (p. ix).

The description of each language follows a standard format which first explains the geographical distribution of the language and then identifies its place on the family tree of languages (e.g., Indo-European, Bantu, Pali). Next, an analysis of the phonology is presented along with vowel and consonant charts. This analysis identifies those English sounds which are common to speakers of this tongue and those which are unfamiliar. A grammatical description follows as well as a general discussion of orthography and culture. In other words, *Learner English* is not a study of acquisition process as its title suggests but rather a compendium of contrastive analyses for language instructors to use in predicting learner errors and in developing strategies to solve them.

In analyzing the merit of Swan and Smith's guide, it is helpful to pause and examine the way contrastive analyses have traditionally been used within the linguistic community. Historically contrastive analyses were models developed by the structural grammarians who described language learning in behaviorist terms and language itself according to patterned arrangements: phonology (sound structure), morphology

(word structure), and syntax (sentence structure).

Structural linguists such as Bloomfield, Sapir, Hockett and Fries were among those who viewed language as an observable set of structures. They regarded language learning as the integration of different patterns of behavior, and contrastive analyses were blueprints for predicting areas of interference and levels of linguistic difficulty. "Those elements that are similar to the (learner's) native language will be simple for him, and those areas that are different will be difficult "(Lado, 1957, p. 2). "By comparing the structure (phonology, morphology, and syntax) of the student's native language with that of the language he is learning – the 'target' language – it is possible to predict many of the difficulties that will be encountered" (Croft, 1972, p. 3).

From this perspective, second language acquisition was viewed as the juxtaposition of two linguistic systems. This juxtaposition "led to intersystemic interference, which was seen as a barrier to successful language learning. Language-teaching syllabuses that derive from contrastive analysis of the native and target language systems, it was claimed, would allow such interference to be minimized" (Richards, 1985, p. 63). According to Swan and Smith's statement of purpose, reducing this interlanguage interference appears to be a primary concern of *Learner English*.

Research has, however, failed to support the structuralists' claims regarding contrastive analyses. The predictive ability of these analytical descriptions has not been proven; the premise that "different" is "difficult" appears to be false; and the utility of the data provided is questionable. Even proponents admit that organizing the linguistic information from a contrastive analysis and then transferring it into the classrooms involves more effort than can be reasonably expected from the normal language instructor.

If learning a second language were merely a process of forming automatic habits, as the behaviorists suggested, then

the idea of first language interference would certainly be an important concern. "Attentive teachers and researchers, however, notice that a great number of student errors could not possibly be traced to their native languages" (Dulay, Burt, & Krashen, 1982, p. 140). Spanish speakers, for example, should have no difficulty learning final *s* plural forms in English because their language contains similar linguistic patterns. Studies (Shaughnessy, 1977) have shown, however, that Spanish speakers often go through a stage in which the final *s* is dropped in plurals.

Critics point out that contrastive studies rarely capture the many types of difference that can exist between two languages. For instance, they rarely take into account dialect differences and this omission makes it difficult to judge whether the linguistic description in the contrastive analysis accurately portrays the dialect of individual learners (Corder, 1981). Furthermore, the basic assumption that degrees of difference correspond to levels of difficulty is itself problematic: "difference" and "difficulty" are not identical concepts and thus it is inappropriate to assume a direct correlation. "On the contrary, such an item (of difficulty) may be easier to learn than one which is only slightly different from a corresponding item in the mother tongue, since it is often very subtle differences that produce confusion and interference" (Littlewood, 1984, p. 19).

Critics also charge that guessing probable areas of difficulty seems to be a rather oblique approach to identifying learner weaknesses. Direct observation and interaction with students supply richer and more complete data for the instructor to use.

> Thus if a first language has no final /ŋ/, as in *laughing*, it is a good guess that another nasal may be substituted, as in /'la:fin/. But this is not at all the same thing as seeing that it *is* substituted, and in what positions. If a language has no vowel sound close to that in *bet* or that in *bat*, but only a sound lying somewhere between the two, it is likely that /e/ will often be pronounced too open and /a/

> too close. Yet it is surely more helpful to see what happens in practice, for other factors may be influential too, such as frequency of occurrence and the nature of the other first-language vowels. All such factors could perhaps, in forecasting error types, be taken into consideration, but the forecaster's task would be extremely complicated if they were. Study of the mistakes themselves seems to be a short cut. (Lee, 1965, p. 257)

The paradigm shift within the community of linguistic scholars which occurred during the 1960's (recounted in Brown, 1980, and Raimes, 1983) resulted in major changes in describing languages. Today, rather than examining language from the bottom up – starting from the minimal units of sound and building towards syntactic levels as the structuralists had done – newer models have taken syntactic features as their starting point. Thus, there has been a movement away from rigid interpretations of similar – yet superficial – surface features towards interpretation of the far more significant underlying linguistic relationships governing grammaticality. Research has begun to investigate universals which may allow the first language to exert a positive influence on second language development – just the opposite of the traditional structuralist view of interference (Eckman, 1984).

As these new paradigms of linguistic thought have developed, the influence of the structuralists has steadily declined. Interest in contrastive analyses has similarly declined. Many of the contrastive studies begun in the 1950's were completed by the mid-1960's only to be left unread and ignored.

The final question, then, is whether the information provided in Swan and Smith's *Learner English* holds much value within the current context of ESL/EFL language instruction? As a linguistic tool, I believe their work has very little relevance to what language teachers need to know in order to perform their jobs effectively. On the other hand, the information supplied by Swan and Smith is not harmful and may offer some general insights into reasons certain aspects of

language appear difficult for some learners and not to others. And, of course, for those who have only a superficial interest about a particular language, *Learner English* may be an informative piece of casual reading.

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ENGLISH IN MEDICINE: A COURSE IN COMMUNICATION SKILLS. Eric Glendinning and Beverly Holmstrom. Cambridge: Cambridge University Press, 1987. 158 pp. ¥1,780; cassette, ¥3,000.

English in Medicine is a new multi-skill course which aims at developing the English language skills required by medical personnel for successful communication in their work. It covers the main stages of medical communication, from initial case-taking through examination, investigation, and diagnosis, to medical and surgical treatment. The course includes recorded interviews and authentic documents and articles. It adopts a student-centred approach suitable both for classroom use (with a variety of pair work and role-play situations) and self-study (a tapescript and answer key are provided).

There are seven units in the book. Units 1 and 2 deal with taking a history; the others are concerned with examining a patient, special examinations, investigations, making a diagnosis, and treatment. Each unit is broken down into four parts: the first two contain language presentation and feature exercises in listening, note-taking, and role-play; the third section concentrates on reading skills, with authentic passages taken from case histories, medical articles, and reference indexes. The last section of each of units 1-6 deals with a case history, which serves to consolidate the language that has been studied.

English in Medicine is sub-titled "A Course in Communication Skills," and it is this that makes the book so different from the vast majority of other texts on medical English. The course is aimed at giving the student the grounding necessary to discuss investigations, diagnoses, and treatment with both the patient and English-speaking colleagues. It attempts to achieve this aim by providing several interesting and realistic situations which require the students' active participation. The length of most activities is good – long enough to provide depth, but short enough to be easy to handle in class.

In many cases Japanese doctors become familiar with the technical medical terms related to their particular speciality,

but remain unaware of expressions that laymen (which, of course, include most patients) are likely to use, Indeed, the native English-speaking patient would not understand the medical term – to choose a rather extreme example, how many native speakers would know that *cephalodynia* merely means a headache? In the tasks related to the dialogues, *English in Medicine* covers various ways a doctor might ask patients for medical details of their condition using non-technical language, for example, "Any problems with your waterworks?" (p. 6).

In addition to conversations between doctor and patient, there is practice at giving instructions for movements (e.g. that a neurologist or physiotherapist may require a patient to perform). In the listening tasks, such exercises are frequently accompanied by simple diagrams (pp. 29-31, 80), but the fact that the diagrams are not in sequential order forces the student to focus on the key language.

As well as comprehension exercises involving various extracts from medical journals, *English in Medicine* includes exercises aimed at giving the student practice at locating appropriate journals and research papers. The value of this type of task is easy to overlook, but it is actually a very important skill; the inclusion of such exercises is typical of the thoroughness with which this book has been prepared.

Besides practice with the language necessary for conversations and information retrieval, there is extensive practice using hospital forms, which includes the use of the many abbreviations occurring in medical English – something that is valuable but often overlooked. (A long list of common medical abbreviations appears in an appendix.) There are numerous examples of forms which doctors would need to complete during routine examines, together with practice at the questions the physician would have to ask in order to elicit that information. Examples are given of forms containing the results of laboratory examinations, such as those carried by a haematology laboratory (p. 57). The student is required to identify results outside the normal range and is expected to be able to describe significant results. For example, from a

completed clinical chemistry test form, the student may need to deduce that "blood urea is abnormally high" (p. 58).

A case history (of one "William Hudson") closes each unit as a way to reinforce material already presented, but the fact that the one case history runs throughout the book in chronological order (from admission to discharge) helps to link the book together and sustain student interest.

The tape accompanying the book is quite natural, and includes the pauses, hesitations, false starts and switches in mid-sentence which would be found in real-life situations; there is also a wide range of local dialects (spoken naturally). A tapescript and answer key are included at the back of the book in order to facilitate self-study.

The authors state that the book is an intermediate level course. In the Japanese context, though, it is probably most appropriate for upper-intermediate or advanced students. The course is particularly aimed at those students wishing to carry out professional medical activities in an English-speaking environment. For this reason, the level of the book is probably a little too high for most Japanese medical school students taking English as one of their foundation courses. Due to the lack of emphasis on oral English in Japanese high schools and the resultant weakness in the spoken language, dialogues in *English in Medicine* could prove rather difficult. Although one aim of a medical English course would be to enable students to read research papers in English, the introduction of such advanced materials at an early stage could be discouraging for the student; it might be better first to concentrate on teaching the various prefixes, suffixes and combining forms which provide the basis for so many medical terms, and then to consolidate this with readings of medical articles at an appropriate language level. (English medical terminology is widely used in Japan, and such knowledge would be advantageous to nurses as well as doctors.) Nevertheless, *English in Medicine* does contain material which could be used at an elementary level, and could be an excellent resource book for the instructor.

As stated previously, *English in Medicine* is primarily aimed

at those in the medical profession hoping to carry out professional activities in an English-speaking environment. Many Japanese doctors wish to do this, particularly in the United States (although *English in Medicine* concentrates on British English, this is not something that detracts from the usefulness of the book for these students; in fact, some examples of American English are included). Although it is becoming increasingly hard to do, such doctors frequently wish to pursue clinical studies in the U.S. Before being allowed to do so, however, they are required to take two examinations, one relating directly to medicine and one to the use of English (specifically, the more conversational type of English necessary when dealing with patients). Many Japanese are able to pass the purely medical examination, but fail the English one. *English in Medicine*, with its emphasis on communication skills, would be an excellent textbook for these motivated students.

In conclusion, it must be reiterated that *English in Medicine* differs from most books in the field because of its emphasis on communication skills. It was developed by authors with extensive experience in the teaching of medical English, and produced in close co-operation with medical experts. It is immediately obvious that the material in the book is highly appropriate and that a great deal of thought and care was involved in the compilation of the course. In the Japanese context, it is necessary to consider carefully the precise needs and abilities of the class for whom the book is being considered; for some, *English in Medicine* may be most useful as extra resource material, but for those Japanese in the medical field hoping to perform professional activities in an English-speaking environment, *English in Medicine* has a very high potential.

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